



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D3264-1**

**Job Sheet 179440**



Part No: D3264-1

Job Qty: 6 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/19/18

Job Tracking No:

Due Date: 7/6/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV A IPP A 04.09.02 New issue KJ/JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                        |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation     | 6 Ea  |            | 7/6/18   | 0.00      | 0.00    | Start Up Machining-2  |           |          |
| 100   | Bandsaw                | 6 pcs |            | 7/6/18   | 0.00      | 0.85    | Bandsaw1              |           |          |
| 110   | CNC Vertical Machining | 6 pcs |            | 7/6/18   | 0.26      | 6.67    | HAAS1-3               |           |          |
| 120   | QC                     | 6 pcs |            | 7/6/18   | 0.00      | 0.00    | QC2 Machining-2       |           |          |
| 130   | QC                     | 6 pcs |            | 7/6/18   | 0.00      | 0.00    | QC8 Machining-2       |           |          |
| 140   | HandFinish             | 6 pcs |            | 7/6/18   | 0.00      | 0.28    | HandFinish1           |           |          |
| 150   | Powdercoat             | 6 pcs |            | 7/6/18   | 0.00      | 0.26    | Powdercoat1           |           |          |
| 160   | QC                     | 6 pcs |            | 7/6/18   | 0.00      | 0.00    | QC3                   |           |          |
| 170   | Packaging              | 6 pcs |            | 7/6/18   | 0.00      | 0.00    | Packaging3-1          |           |          |
| 180   | QC21-SA                | 6 Ea  |            | 7/6/18   | 0.00      | 0.00    | QC21                  |           |          |

Part Op 100 - CUT BLANK 5.700" LONG

Descriptions: 110 - MACHINE AS PER FOILIO FA447 DWG REV:

M 138839.

START: 2:15

OUT: 3:20 FINISH: 2:45

### Job BOM

| Part / Item          | Component Name          | Quantity     | Operation             | Container |
|----------------------|-------------------------|--------------|-----------------------|-----------|
| M6061T6B1.250X04.500 | 6061-T6 Bar 1.25 X 4.50 | 3 ft (.5 ea) | 90-Start up Operation | 5048974   |

### Job Allocations

| Operation             | Component Part       | Required | Inventory | Allocated |
|-----------------------|----------------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6B1.250X04.500 | 3        | 8         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|-------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |             |                       |                                                 |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | MRB (QSI042) Approval |                                                 |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition |                       |                                                 |
| <div style="position: relative; width: 100%;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 8px;">           DART Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Hawkesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL.: 1-813-632-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com         </div> <div style="position: absolute; top: 40%; left: 30%;">           Date: 07/04/18         </div> <div style="position: absolute; top: 50%; left: 15%;">           Container No: S088974<br/> <br/>           Part: D3264-1<br/>           Job No: 179440<br/>           Serial No/Batch: S088974<br/>           Revision:<br/>           Inspector:<br/>           Exp Date:<br/>           Instructions:         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                       | Completed By                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                       | Lead hand / Supervisor<br>Approval Verification |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                       | QC / QA Coordinator<br>Approval                 |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;">             N <input type="checkbox"/><br/>             O <input type="checkbox"/><br/>             O <input type="checkbox"/><br/>             S <input type="checkbox"/><br/>             T <input type="checkbox"/><br/>             U <input type="checkbox"/><br/>             P <input type="checkbox"/><br/>             R <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <div style="display: flex;"> <div style="flex: 1;">             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;">             Wave/Twist in Tube<br/>             Marks/Chatter<br/>             OTHER :           </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                       |                                                 |
| <div style="display: flex;"> <div style="flex: 1;">             er Loss/Surge <input type="checkbox"/><br/>             o/Program <input type="checkbox"/><br/>             n <input type="checkbox"/><br/>             d <input type="checkbox"/><br/>             ng Stock Pulled <input type="checkbox"/><br/>             of Sequence <input type="checkbox"/><br/>             set <input type="checkbox"/> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;">             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | <div style="display: flex;"> <div style="flex: 1;">             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div>                                                                        |             |                       |                                                 |



|                              |               |                             |
|------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>    |               | <b>Work Order:</b> 179 446  |
| <b>Description:</b> Bracket  |               | <b>Part Number:</b> D3264-1 |
| <b>Inspection Dwg:</b> D3264 | <b>Rev:</b> A | <b>Page 1 of 1</b>          |

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| 0.687             | +/-0.010      | .688             | ✓      |        | Vernier              |          |
| 0.063             | +/-0.010      | .063             | ✓      |        | Vernier              |          |
| 0.125             | +/-0.010      | .123             | ✓      |        | Vernier              |          |
| 0.875             | +0.010/-0.020 | .872             | ✓      |        | Vernier              |          |
| 0.062             | +/-0.010      | .064             | ✓      |        | Vernier              |          |
| R0.03             | +/-0.030      | R.03             | ✓      |        | Gabarit              |          |
| R0.13             | +/-0.030      | R.13             | ✓      |        | Gabarit              |          |
| 1.00              | +/-0.030      | 1.003            | ✓      |        | Vernier              |          |
| 0.125             | +/-0.010      | .123             | ✓      |        | Vernier              |          |
| 0.600             | +/-0.010      | .601             | ✓      |        | Vernier              |          |
| 4.000             | +/-0.005      | 3.998            | ✓      |        | Vernier              |          |
| 0.750             | +/-0.010      | .750             | ✓      |        | Vernier              |          |
| Ø0.194            | +0.005/-0.000 | .194 Ø           | ✓      |        | Pin gage             |          |
| 5.50              | +/-0.030      | 5.501            | ✓      |        | Vernier              |          |
| 0.125             | +/-0.010      | .124             | ✓      |        | Vernier              |          |
| 0.063             | +/-0.010      | .063             | ✓      |        | Vernier              |          |
| R0.25             | +/-0.030      | R.25             | ✓      |        | Gabarit              |          |
| 4.27              | +/-0.030      | 4.275            | ✓      |        | Vernier              |          |
| R0.30             | +/-0.030      | R.030            | ✓      |        | Gabarit              |          |

|                                     |                    |                            |     |
|-------------------------------------|--------------------|----------------------------|-----|
| <b>Measured by:</b> M. M. / M. / M. | <b>Audited by:</b> | <b>Prototype Approval:</b> | N/A |
| <b>Date:</b> 2018/07/03             | <b>Date:</b>       | <b>Date:</b>               | N/A |

| Rev | Date     | Change                                | Revised by | Approved |
|-----|----------|---------------------------------------|------------|----------|
| A   | 04.09.03 | New Issue                             | KJ/JLM     |          |
| B   | 05.04.26 | Ø0.194 was Ø0.208; dimensions removed | KJ/JLM     |          |
| C   | 07.10.10 | Tolerance for 0.875 revised           | KJ/EC/DD   |          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |